MAXIMUS Federal Services

Case Number:	CM14-0125689		
Date Assigned:	08/11/2014	Date of Injury:	10/01/2006
Decision Date:	09/12/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female who sustained an injury on 10/01/06. The mechanism of injury is undisclosed. This injury appeared to have been due to cumulative trauma. The injured worker is noted to have had prior cervical surgical procedures without benefit. She was followed for ongoing chronic pain in the neck and low back with radiating pain to the shoulders. The handwritten report dated 05/27/14, was difficult to interpret however, it appeared the injured worker had continuing neck and low back pain. The injured worker's physical exam noted positive straight leg raise and Spurling's sign with positive Tinel's and Phalen's sign. In addition, the injured worker was noted to have reduced range of motion with associated tenderness to palpation in the neck and low back. She was given Toradol injection intramuscular (IM) at this evaluation. The injured worker was referred for acupuncture therapy treatment and er medications were continued. The requested medications to include Diclofenac, Omeprazole 20 milligrams quantity 120, Ondansetron 8 milligrams quantity 30, Orphenadrine quantitiy120, and Tramadol extended release (ER) 150 milligrams quantity 90 were all denied by utilization review on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diolofenac Sodium ER (Voltaren SR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The clinical documentation provided for review provided very minimal discussion or rational regarding the efficacy of this medication in terms of the injured worker's ongoing chronic pain complaints. There is no clear evidence of any functional improvement or symptom reduction with the use of this medication that would have supported its ongoing use. Given the paucity of clinical records provided for review to support the use of this medication, this request is not medically appropriate.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The clinical documentation provided for review provided very minimal discussion or rational regarding the efficacy of this medication in terms of the injured worker's ongoing chronic pain complaints. There is no clear evidence of any functional improvement or symptom reduction with the use of this medication that would have supported its ongoing use. Given the paucity of clinical records provided for review to support the use of this medication, this request is not medically appropriate.

Ondansetron ODT 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary last updated 06/10/14 . (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetic.

Decision rationale: The clinical documentation provided for review provided very minimal discussion or rational regarding the efficacy of this medication in terms of the injured worker's ongoing chronic pain complaints. There is no clear evidence of any functional improvement or symptom reduction with the use of this medication that would have supported its ongoing use. Given the paucity of clinical records provided for review to support the use of this medication, this request is not medically appropriate.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary last updated 06/10/14. Muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The clinical documentation provided for review provided very minimal discussion or rational regarding the efficacy of this medication in terms of the injured worker's ongoing chronic pain complaints. There is no clear evidence of any functional improvement or symptom reduction with the use of this medication that would have supported its ongoing use. Given the paucity of clinical records provided for review to support the use of this medication, this request is not medically appropriate.

Tramadol ER 150mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation provided for review provided very minimal discussion or rational regarding the efficacy of this medication in terms of the injured worker's ongoing chronic pain complaints. There is no clear evidence of any functional improvement or symptom reduction with the use of this medication that would have supported its ongoing use. Given the paucity of clinical records provided for review to support the use of this medication, this request is not medically appropriate.